File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

Reset Form

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Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURE	IS, SEE BACK OF FORM SUMMARY PAGE				1
COMMITTEE NAME (Must be	e same as on Statement of Organ		<del></del>		26	r P
_		rization)		FORM		
Schulte Indiana			.	DR-2	DISCLOSURE	
(1)Statewide/Legislative/Judge 5	of committee you are reporting for: Standing for Retention Candidate ( 2 ) County Candidate ( 6 )City Candid ty PAC ( 9 )City PAC ( 10 )School B	)State PAC (3)State Party ate (7)School Board or Other Politic oard or Other Political Subdivision PA	al C (	(Rev. 07/2007) For Office Use O	REPORT:	-   e2
CANDIDATE COMMITTEES	ONLY:					
Candidate Name	1 1	Political Party (if applicable)				
Office Sought	chy LTE	Republican				
Country Super	<del></del>	District (if Senate or House)		Audited		
Late reports are subject to possit	ble civil and criminal penalties. Purs	Suant to Iowa Code sections 68B.32	A(7) and	68A.401(3), the ca	andidate, for a	
I AM FILING A		REPORT FOR (1) ELECTION	V //2\NO	N EI ECTION VE	AD	_
	port date)	Indicate by		N-ELECTION TE	AR.	
☐CHECK IF AMENDMENT TO	O REPORT DATED	-				
			Local Co	ommittees, enter Da	ate of Election	
Check if this is final (termina (You must continue to	ation) report and attach Notice of o file reports until a DR-3 is filed.)	Dissolution Form DR-3.	County which E	& Local Committees lection is held	s, enter County in	
STATEM	ENT OF CASH ON HAND					
CASH ON HAND at the beginn committee. This amo	ing of the reporting period. (Tota unt MUST be the same as the ca	nl of all funds held by the ash on hand at the end t report filed.)	,	\$ 117	33	
	TAKEN IN THIS PERIOD			·	*** **********************************	
		e A) (*also see in-kind below)				
		)			00	
		n Schedule H)			*******	
	applies to Candidates' Commi			<del></del>	در می	
		SUB-TOTAL		s 283	3 3 3	
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD					
Schedule B: Expendit	tures total (Attach Schedule B) (*	*also see debts and loans below)	*********	28.	300	
		F)			33 ¢	
		rt balance must be zero)			0-	
*UNPAID BILLS (From Sched	ule D - Attach Schedule D)			\$		
		le E)			2000	
		F)			70 00	_
CONSULTANT BREAKDOWN					NO NO	
CANDIDATE COMMITTEES O	•		-			
	ERTY (From Schedule H - Attach	Schedule H)	9	\$ -	-0	

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM  COMMITTEE NAME (Must be same as on Statement of Organization)	į	SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
Schulte			K THIS BOX IF DING FORM

CATE RECEIVED (MM/CD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
5/5/08	mike Schule 1010 474 Ex.N.E. Siller DA.			1000 01	
5/13/	nike Schulte 1010 4 th St. NE Sibles EA			700°°	
5/21/08	mike Schulte 1010 414.80. N.E.			500 22	
4/08	Libley It mike lehulde 1010 4Th St. N.E - Sibley IA			500 00	
1/12/08	1010 41 87. N.E - Silley FM			15000	
1/24/28	mike Schulte 1010 455 St. N.E. Silly FA		,	2000	
		4,1			
		:			
	<u>.</u>	•	SUB-TOTAL TOTAL (IF last	\$	
			page of this schedule)	- 00	

"Claclosure law requires candidates to claciose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applica	
11/2/03	mike Schulte		150 62
1/24/08	mike Schulte		20 50
			\$ <u>170 ° °</u>
RT II - MONETA	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD	TOTAL (PART I)	\$_ <u>170</u>
(Loans fo	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD orgiven must be reported on Schedule E – In-kind Contributions.)  NAME AND ADDRESS OF LENDER  (Include Endorser's Name, If Applicable)	RELATIONSHIP T	O AMOUNT REPAID
(Loans fo	orgiven must be reported on Schedule E – In-kind Contributions.)		O AMOUNT REPAID
(Loans fo	ngiven must be reported on Schedule E – In-kind Contributions.)  NAME AND ADDRESS OF LENDER  (Include Endorser's Name, If Applicable)	RELATIONSHIP T	O AMOUNT REPAID sable)
(Loans fo	ngiven must be reported on Schedule E – In-kind Contributions.)  NAME AND ADDRESS OF LENDER  (Include Endorser's Name, If Applicable)	RELATIONSHIP T	O AMOUNT REPAID sable)
(Loans fo	ngiven must be reported on Schedule E – In-kind Contributions.)  NAME AND ADDRESS OF LENDER  (Include Endorser's Name, If Applicable)	RELATIONSHIP T	O AMOUNT REPAID sable)
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Mike Schult	RELATIONSHIP T CANDIDATE* (If Appli	AMOUNT REPAID  s  33 ¢
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  Mike Schult	RELATIONSHIP T CANDIDATE* (If Appli  I REPAYMENTS (PART II)  TAL LOANS FORGIVEN	O AMOUNT REPAID cable) \$ ,33 <

SCHEDULE F

(Rev. 02/08)

LOANS

☐ CHECK THIS BOX IF

AMENDING FORM

RECEIVED & REPAID

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME(Must be same as on Statement of Organization)

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

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	u	MINE!	-	NAM	F /Aluc	t ha	00000		Statement		
_	•	4011005 2		1 ALCORS	F (14)03	LVO	Sallie	as on	SIBIAMANI	OT ( )1075	いわけつのがへのと

	CANDIDATE			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
10/24/08	CK# 1014	K I W if Radio	adal:	\$ 525
	ID#			1 3 5
	CK# 1015	VOID		
	ID#			
80/01/L	CK# 1016	Ocheyedan Press		100=
	ID#			100
11/15/08	CK# 1017	Sibley Lanette	a.d.o2.	111 00
	ID#	1		1-71-1
1/24/08	CK# 1018	State of Bowa	Panally	20 %
	ID#		1	
1/24/08	CK# 1019	mike Schulte	Loan Payment	.3 <u>\$</u> ¢
	ID#			
	CK#			
	ID#			
	CK#			-
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	
			. O . AL (II last paye of uns schedule)	\$2833

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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